

Standard Form No. 1034-Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

D. O. Vou. No. _____

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040072-3

Bu. Vou. No. _____

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

U. S. _____

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

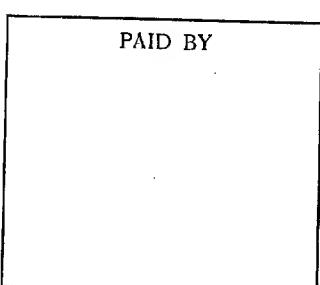
THE UNITED STATES, Dr.,

Payee's Account No. _____

To Thompson Ramo Wooldridge, Inc.

(Payee)

Los Angeles 45, California



No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Voucher nos: 2418 2419 2420 2421 2422 2423 2431 2433				\$ (4,945 15,478 16,876 (19,274 7,788 388,090 (985 (157 (250	94) 18 85 69) 06 31 89) 34) 15)
PAYMENT:							
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

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Use continuation sheet(s) if necessary

Shipped from

to

Weight

Government R/I No.

T. I. No. _____

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PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL
Bu. Vou. No. 3

D. O. Vou. No.

U. S. _____
(Department, bureau, or establishment)

PAID BY

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Thompson Ramo Wooldridge, Inc.
(Payee)

Los Angeles 45, California
(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms Continued: 2435 2439 2443 2466 2468				1,513	97
						945	31
						13,456	62
						37	62
						60,132	44

PAYMENT:

Complete
Partial
Final

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No.

(Payee must NOT use this space)

Total \$ 478,705 35

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Differences _____

STATINTL

Date * Payee _____

(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; con't for

* 478,705 35

(Signature or initials)

Per _____ Title _____

Invoice Rec'd.

Contract No. A-101

Date

Req. No.

Date

Pursuant to authority vested in me, I certify that this account is correct and proper for pay
STATINTL

† Approved for \$ _____

SIGN
ORIGINAL
ONLY

Date _____

By _____ Title _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19_____, for \$ _____
Cash, \$ _____, on _____, 19_____, Payee _____

{ on Treasurer of the United States in
favor of payee named above.

(Sign original only)

* When a voucher is signed or registered in the name of a company or corporation, the name of the person writing the company or corporation, as well as the name of the officer signing the voucher, shall be indicated.

"John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and

over his official title.

Title _____

16-22900-5